

CERTIFICATE OF DEATH

REGISTRAR'S NO. 325

BIRTH NO.

PLACE OF BIRTH RESIDENCE	1. PLACE OF BIRTH DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>4 Yrs.</u> IN ARIZONA <u>4 Yrs.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED.) IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>				
	C. CITY OR TOWN <u>Mesa</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Mesa</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>725 West 5th Ave.</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>725 West 5th Ave.</u> E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
CEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <u>TRUMAN JAMES SOUTHARD</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>		
	6B. NAME OF SPOUSE <u>--</u>		7. DATE OF BIRTH MONTH <u>3</u> DAY <u>21</u> YEAR <u>88</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>77</u>	IF UNDER 1 YEAR MONTHS <u>--</u> DAYS <u>--</u>	IF UNDER 24 HRS. HOURS <u>--</u> MIN. <u>--</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Electrician (Ret.)</u>		
	9B. KIND OF BUSINESS OR INDUSTRY <u>Electric</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New York</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		
	13. SOCIAL SECURITY NO. <u>073-03-1808A</u>		14A. FATHER'S NAME <u>Henry Southard</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New York</u>		15A. MOTHER'S MAIDEN NAME <u>Mary Dates</u>		
	15B. BIRTHPLACE (STATE OR COUNTRY) <u>New York</u>		16. INFORMANT'S SIGNATURE <u>Carol Hay</u> ADDRESS <u>Taken from M.L. Gibbons Records</u>		17. DATE OF DEATH (MONTH) <u>August</u> (DAY) <u>15</u> (YEAR) <u>1965</u>				
CAUSE OF DEATH (EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† <u>(A) Coronary Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, TO _____, 19 <u>65</u> , THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE <u>Therese Jones</u> (DEGREE OR TITLE) CHIEF ASSISTANT MARICOPA COUNTY MEDICAL EXAMINER					22B. ADDRESS <u>Mesa</u>	
DEATH DATE FERNAL PLANCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE) <u>8/16/65</u>			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
	24A. CORONER'S SIGNATURE <u>Lawrence E. Gough</u>		24B. ADDRESS <u>112 N. 1st St. Mesa</u>		24C. DATE SIGNED <u>8-17-65</u>				
GENERAL DIRECTOR AND ISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>8/17/65</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Greenwood Memorial Park</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>		
	26A. DATE REC. BY LOCAL REG. <u>8-17-65</u>		26B. REGISTRAR'S SIGNATURE <u>R. H. Day</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>William S. Johnson</u>		27B. GIBBONS MORTUARY <u>MESA, ARIZONA</u>		
				28A. EMBALMER'S SIGNATURE <u>Walter H. Hinn</u>		28B. EMBALMER'S CERT. NO. <u>426-A</u>			